

Case Number:	CM14-0011647		
Date Assigned:	02/21/2014	Date of Injury:	09/04/2007
Decision Date:	06/25/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/29/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 54 year old male with an injury date of 09/04/07. Based on the 12/13/13 progress report provided by [REDACTED], the patient complains of aches and pain in the lower back and pain and numbness in both legs. There is tenderness and spasm over the lumbar paraspinals as well as increased pain with lumbar flexion and extension. He also has a positive straight leg raise bilaterally. The patient's diagnoses include the following: 1. Lumbar radiculitis 2. Depression 3. Persistent disorder of initiating or maintaining sleep 4. Lumbar post-laminectomy syndrome 5. Lumbar degenerative disc disease 6. Low back pain The 04/11/13 MRI of the lumbar spine revealed that there was a spinal canal and bilateral foraminal narrowing at L4-L5 and to a lesser extent at L5-S1, despite prior surgery. [REDACTED] is requesting for Tramadol 30 mg. The utilization review determination being challenged is dated 01/03/14. The rationale is that the patient has expressed adequate pain control with Tramadol 200 mg and there is no reason indicated for the newly requested dose of 30 mg. [REDACTED] is the requesting provider, and he provided treatment reports from 04/11/3- 12/17/13.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

TRAMADOL 30MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL

TREATMENT GUIDELINES, TRAMADOL (ULTRAM, ULTRAM ER, GENERIC AVAILABLE IN IMMEDIATE RELEASE TABLET),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines TRAMADOL, Opioids for neuropathic pain Page(s): 80, 82.

Decision rationale: According to the 12/17/13 report by [REDACTED], the patient presents with aches and pain in the lower back and pain and numbness in both legs. The request is for Tramadol 30 mg. Review of the reports show the patient has been taking Tramadol since the first progress report provided (04/11/13). The 11/01/13 progress report states that "Gabapentin and Tramadol seem to help the most." However, there were no pain scales or ADL's mentioned. For long-term use of opiates MTUS guidelines require documentation of pain and function. Numeric scale or a validated instrument is required once every 6 months to document function. The guidelines also require addressing the four A's (analgesia, ADL's, adverse effects and adverse events). In this case, the treater only has a general statement that it helps. This documentation is inadequate. No numerical scales are provided, and no specifics are provided regarding functional changes. Recommendation is for denial.